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PATENT

Attorney Docket No. **CCF-6494NP**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

016834 U.S. PTO
10/804937
031904

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **BELA ANAND-APTE**

For (title): **TIMP-3 AS VEGF INHIBITOR**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

76 Pages of specification
1 Pages Abstract
4 Pages of claims
8 Sheets of drawing

☒ formal (Figs. 1-8)
☐ informal

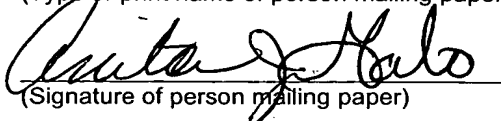
In addition to the above papers there is also attached: **EIGHT (8) sheets of Sequence Listings and ONE (1) 3.5 diskette; and an executed Statement Attesting to the identity of the Sequence Listing to the Computer Readable Copy (2 pgs.)**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **March 19, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **ET-035757691US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo

(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. **Declaration or oath:**

☒ Enclosed (Not Executed)

☐ Not Enclosed.

3. **Language:**

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. **Assignment:**

☒ An assignment of the invention to The Cleveland Clinic Foundation

☐ is attached.

☒ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

from which priority is claimed

☐ is attached

☐ will follow

Fee Calculation:

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 385.00
Total Claims	30	- 20 =	10 X \$ 9.00	90.00
Independent Claims	7	- 3 =	4 X \$ 43.00	172.00
Multiple dependent claim(s), if any			0 + \$145.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$647.00****7. Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. Fee Payment Being Made At This Time:

Enclosed:

- ☒ basic filing fee **\$647.00**
- ☐ assignment recordal fee \$ _____
- ☐ for processing an application with a specification in a non-English language \$ _____

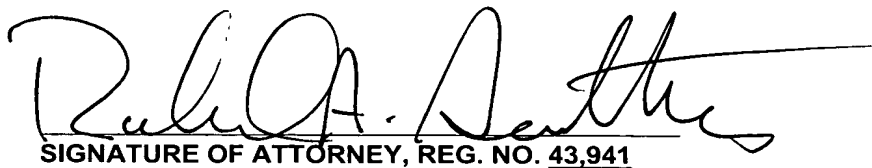
Total fees enclosed \$647.00**9. Method of Payment Fees:**

- ☒ check in the amount of **\$647.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. Instructions As to Overpayment:

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 43,941

Richard A. Sutkus

Type or print name of attorney